Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Quality Improvement Projects Report
3rd Quarter 2006

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California Department of Health Services

Delmarva Foundation
Improving Health in the Communities We Serve

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Quarterly Status Report
Validation of Quality Improvement Projects

Status of Quality Improvement Projects (QIPs)

Fifty-eight projects were submitted to Delmarva from Medi-Cal managed care health plans in the third quarter, the period of July 1 – September 30, 2006. Validations were completed for each of these projects.

QIP Reporting

Of the 58 QIP projects submitted during the period, seven of the projects were new proposals, 22 projects (including six of the new proposals) were Internal QIPs (IQIPs), 15 were Small Group Collaborative (SGC) QIPs, and 21 were State-Wide Collaborative (SWC) QIPs. The topics for the 58 projects submitted are shown below.

Table 1. QIP Topics for Submissions July – September 2006

Project Name	Plan	Year	Status	Improvement Achieved
Adolescent Health Collaborative (SWC)	Alameda Alliance	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Childhood Immunization (SGC)	Alameda Alliance	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Childhood Immunization (SGC)	Blue Cross of California	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Diabetes (IQIP)	Blue Cross of California	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*
Asthma (IQIP)	Blue Cross of California	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Blue Cross of California	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No

Project Name	Plan	Year	Status	Improvement Achieved
Adolescent Health Collaborative (SWC)	CalOptima	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Childhood Obesity (SGC)	Care1st	New Proposal Submission	Validation completed	NA - proposal
Initial Health Assessments (IQIP)	Care1st	New Proposal Submission	Validation completed	NA - proposal
Prenatal Care (IQIP)	Care1st	New Proposal Submission	Validation completed	NA - proposal
Lab Reporting (IQIP)	Care1st	New Proposal Submission	Validation completed	NA - proposal
Adolescent Health Collaborative (SWC)	Central Coast Alliance	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Community Health Group	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	NA – baseline measurement only
Adolescent Health Collaborative (SWC)	Contra Costa Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*
Asthma (IQIP)	Contra Costa Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*
Reducing Health Disparities (IQIP)	Contra Costa Health Plan	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	Mixed*
Adolescent Health Collaborative (SWC)	HealthNet	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Customer Service (IQIP)	HealthNet	New Proposal Submission	Validation completed	NA - proposal
Childhood Immunization (SGC)	HealthNet	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes

Project Name	Plan	Year	Status	Improvement Achieved
Adolescent Health Collaborative (SWC)	Health Plan of San Joaquin	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Childhood Immunization (SGC)	Health Plan of San Joaquin	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Postpartum Visits (IQIP)	Health Plan of San Joaquin	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Adolescent Health Collaborative (SWC)	Health Plan of San Mateo	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Asthma Collaborative (SGC)	Health Plan of San Mateo	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed**
Initial Health Assessments (IQIP)	Health Plan of San Mateo	Annual Submission Baseline (BL) 2003 Remeasurement 1	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Inland Empire Health Plan	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Yes
Asthma Collaborative (SGC)	Inland Empire Health Plan	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed**
Diabetes (IQIP)	Inland Empire Health Plan	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	Mixed*
Pharmacy (IQIP)	Inland Empire Health Plan	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	No
Adolescent Health Collaborative (SWC)	Kaiser Sacramento	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Adolescent Health Collaborative (SWC)	Kaiser San Diego	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Asthma (IQIP)	Kaiser San Diego	Annual Submission Baseline (BL) 2004 Remeasurement 2	Validation completed	Yes

Project Name	Plan	Year	Status	Improvement Achieved
Diabetes (IQIP)	Kaiser San Diego	Annual Submission Baseline (BL) 2004 Remeasurement 2	Validation completed	No
Adolescent Health Collaborative (SWC)	Kern Family Health Care	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Childhood Immunization (SGC)	Kern Family Health Care	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Yes
Pap Smear & Chlamydia Screening (IQIP)	Kern Family Health Care	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Yes
Adolescent Health Collaborative (SWC)	LA Care	Annual Submission Baseline (BL) 2002 Remeasurement 3	Validation completed	No
Asthma Collaborative (SGC)	LA Care	Annual Submission Baseline (BL) 2004 Remeasurement 3	Validation completed	Mixed**
Adolescent Health Collaborative (SWC)	Molina Health Care of CA – Riverside/San Bernardino	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Asthma Collaborative (SGC)	Molina Health Care of CA – Riverside/San Bernardino	Annual Submission Baseline (BL) 2004 Remeasurement 3	Validation completed	Mixed**
Adolescent Health Collaborative (SWC)	Molina Health Care of CA - Sacramento	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Childhood Immunization (SGC)	Molina Health Care of CA - Sacramento	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Partnership Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Childhood Immunization (SGC)	Partnership Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Asthma (IQIP)	Partnership Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*

Project Name	Plan	Year	Status	Improvement Achieved
Breast Cancer Screening (IQIP)	Partnership Health Plan	Annual Submission Baseline(BL) 1999 Remeasurement 7	Validation completed	Yes
Adolescent Health Collaborative (SWC)	San Francisco Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Asthma Collaborative (SGC)	San Francisco Health Plan	Annual Submission Baseline (BL) 2004 Remeasurement 1	Validation completed	Mixed**
Diabetes (IQIP)	San Francisco Health Plan	New Proposal Submission	Validation completed	NA - proposal
Prenatal Care (IQIP)	San Francisco Health Plan	New Proposal Submission	Validation completed	NA - proposal
Adolescent Health Collaborative (SWC)	Santa Barbara Regional Health Authority	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	No
Decreasing Inappropriate Prescriptions (IQIP)	Santa Barbara Regional Health Authority	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Santa Clara Family Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Childhood Immunization (SGC)	Santa Clara Family Health Plan	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Mixed*
Asthma (IQIP)	Santa Clara Family Health Plan	Annual Submission Baseline (BL) 2000 Remeasurement 6	Validation completed	Yes
Initial Health Assessments (IQIP)	Santa Clara Family Health Plan	Annual Submission Baseline (BL) 1998 Remeasurement 6	Validation completed	Yes
Adolescent Health Collaborative (SWC)	Western Health Advantage	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes
Childhood Immunization (SGC)	Western Health Advantage	Annual Submission Baseline (BL) 2003 Remeasurement 2	Validation completed	Yes

* A determination of mixed means that the plan documented improvement on some indicators measured, but not for all. See Table II and the Appendix for additional information.

** The results for the asthma SGC QIPs were collected and reported quarterly and contained overlapping time periods, which impacts their accuracy.

Overall Strengths and Opportunities - All Projects

The health plans submitting QIPs during this period demonstrated a range of proficiency and are performing activities targeted to improve health care quality, many of which include clinical HEDIS-related measures. In those QIPs with documented remeasurements, some plans have had success in improving the indicators under study. Table II, on the following pages, provides a summary of the level of improvement in the indicators documented by all the plans for the QIPs performed and submitted this quarter. This level of improvement is grouped into three categories:

1) Substantial improvement: indicators where improvement of 10 percent or above is documented,
2) Minimal improvement: indicators where improvement of between one percent to nine percent is documented, and
3) No improvement: indicators where improvement is less than one percent, remains the same, or there is no documented increase or decrease based on a plan's goals.

Table II. QIP Improvements April – June 2006

Substantial Improvement	Minimal Improvement	No Improvement
Alameda Alliance's rate of immunization registry use among high-volume providers increased from 45.5% to 60%; the plan's percentage of children ages 0 – 2 seen by providers who use the immunization registry increased from 24.53% to 51.4%.	Alameda Alliance's childhood immunization rate for combination 2 increased from 67.07% to 75.67%.	Alameda Alliance's adolescent well care visit rate decreased from 45.5% to 44.77%; the plan's percentage of adolescents completing the adolescent health survey decreased from 65.5% to 62.5%.
Blue Cross of California's childhood immunization rate for combination 2 increased from 67.14% to 77.78%.	Blue Cross of California's rate for appropriate use of medications for diabetes increased from 66.42% to 68.44%. The plan's rate for diabetic retinal exams increased from 53.02% to 55.83%.	Blue Cross of California's HbA1c screening rate decreased from 79.90% to 72.70%. Blue Cross of California's adolescent well care visit rate decreased from 35.88% to 35.65%.
CalOptima's adolescent well care visit rate increased from 40.05% to 55.09%.	None reported.	None reported.

Substantial Improvement	Minimal Improvement	No Improvement
None reported.	Central Coast Alliance's adolescent well care visit rate increased from 40.39% to 41.61%.	None reported.
Contra Costa's use of appropriate medications for asthma increased from 60.53% to 82.4%.	Contra Costa's childhood immunization rate among Hispanics increased from 60.1% to 62.4% (Reducing Health Disparities QIP). The plan's well child visit rate among Hispanics increased from 23.7% to 30.1% (Reducing Health Disparities QIP). Contra Costa's well child visit rate among Whites increased from 21.6% to 24.4% (Reducing Health Disparities QIP). Contra Costa's asthma-related hospital admissions decreased from 2.8/1000 to 2.4/1000. The plan's asthma-related hospital days decreased from 7.2/1000 to 5.8/1000. Contra Costa's asthma-related emergency department visits decreased from 18.2/1000 to 17.8/1000. Contra Costa's asthma-related hospital admissions for members diagnosed with asthma decreased from 4.92% to 4.88%. The plan's asthma-related hospital days for members diagnosed with asthma decreased from 17.46% to 17.07%. Contra Costa's Adolescent Well Care Visit rate increased from 25.6% to 28.3%.	Contra Costa's childhood immunization rate among Blacks decreased from 26.4% to 24.1% (Reducing Health Disparities QIP). The plan's well child visit rate among Blacks decreased from 26.1% to 20.2% (Reducing Health Disparities QIP). Contra Costa's childhood immunization rate among Whites decreased from 39.9% to 27.9% (Reducing Health Disparities QIP). Contra Costa's asthma-related emergency department visit rate for members with asthma increased from 14.67% to 24.39%.
HealthNet's childhood immunization rate for combination 2 increased from 65% to 78.1%.	HealthNet's rate of immunization registry use among high-volume providers increased from 27.5% to 28.4%. The plan's percentage of children ages 0–2 seen by providers who use the immunization registry increased from 20.4% to 23.8%%.	HealthNet's adolescent well care visit rate increased from 30.16% to 30.46%.

Substantial Improvement	Minimal Improvement	No Improvement
Health Plan of San Joaquin's rate of immunization registry use among high-volume providers increased from 48% to 70%. The plan's percentage of children ages 0–2 seen by providers who use the immunization registry increased from 40% to 58%.	Health Plan of San Joaquin's childhood immunization rate for combination 2 increased from 67.67% to 71.78%.	Health Plan of San Joaquin's postpartum visit rate decreased from 57.18% to 56.93%. Health Plan of San Joaquin's adolescent well care visit rate decreased from 38.44% to 34.94%.
Health Plan of San Mateo's rate for appropriate use of controller medication for members with persistent asthma increased from 58% to 78%. Health Plan of San Mateo's rate of emergency department visits for asthma decreased from 152/1000 to 125/1000.	Health Plan of San Mateo's rate for appropriate use of rescue medications for members with persistent asthma increased from 16% to 24%. Health Plan of San Mateo's initial health assessment (IHA) rate for all new Medi-Cal members increased from 40,3% to 44.6%. The plan's IHA rate for children with special needs increased from 28.4% to 31.3%.	Health Plan of San Mateo's rate of hospital admission for members with asthma increased from 6/1000 to 8/1000. Health Plan of San Mateo's adolescent well care visit rate increased from 30.09% to 32.18%.
Inland Empire's diabetic retinal exam rate increased from 50.73% to 64.72%. Inland Empire's rate for appropriate use of controller medication for members with persistent asthma increased from 55.12% to 81.77%. The plan's rate for appropriate use of rescue medications for members with persistent asthma increased from 75.32% to 96.47%.	Inland Empire's HbA1c testing rate increased from 76.94% to 79.08%; LDL-C screening rate increased from 86.65% to 88.81%; glucose self-monitoring rate for insulin increased from 85.70% to 86.88%; and the rate of diabetics with hypertension receiving angiotensin-converting enzyme (ACE) inhibitors or angiotensin-II receptor blockers (ARBs) increased from 79.71% to 83.55%. Inland Empire's adolescent well care visit rate increased from 52.2% to 59.3%.	Inland Empire's nephropathy screening rate decreased from 70.87% to 63.50%. Glucose self-monitoring rate for oral medication increased from 72.39% to 73.21%. Inland Empire's rate of pharmacy exception requests (PERs) increased from 19.16/1000 to 20.21/1000. The plan's rate of PERs processed within 1 working day decreased from 54.21% - 50.17%; and the rate of grievances related to PERs per 10,000 remained the same at 0.03/10,000. Inland Empire's rate of hospital admission for members with asthma increased from 117/1000 to 161/1000. The plan's rate of emergency department visits for asthma increased from 232/1000 to 424/1000.

Substantial Improvement	Minimal Improvement	No Improvement
None reported.	Kaiser San Diego's rate for dispensing at least one anti-inflammatory medication for asthma in a 12-month period increased from 68.6% to 76.9%. The plan's rate for dispensing > 12 canisters of short acting beta agonist medication decreased from 6.5% to 5.1%.	Kaiser Sacramento's adolescent well care visit rate decreased from 24.74% to 24.46%. Kaiser San Diego's HbA1c testing rate decreased from 85.2% to 81.5%. The plan's rate of HbA1c tests > 9.5 increased from 8.5% to 15.3%. Kaiser San Diego's adolescent well care visit rate increased from 24.41% to 24.44%.
None reported.	Kern's pap smear screening rate increased from 57.74% to 60.21%. The plan's chlamydia screening rate increased from 49.82% to 56.94%. Kern's childhood immunization rate for combination 2 increased from 65.11% to 69.82%. The plan's rate of immunization registry use among high-volume providers increased from 75% to 80%. The plan's percentage of children ages 0 – 2 seen by providers who use the immunization registry increased from 37.49% to 40.01%.	Kern's adolescent well care visit rate decreased from 37.23% to 35.52%.
None reported.	None reported.	LA Care's rate of hospital admission for members with asthma increased from 17.85/1000 to 29.41/1000. The plan's rate of emergency department visits for asthma increased from 464.28/1000 to 500/1000. LA Care's adolescent well care visit rate increased from 36.65% to 36.96%.

Substantial Improvement	Minimal Improvement	No Improvement
Molina Sacramento's childhood immunization rate for combination 2 increased from 58.80% to 69.61%.	Molina Riverside/San Bernardino's rate of asthma-related hospital admissions for continuously-enrolled members with asthma in virtual provider collaborative sites decreased from 4% to 0%. Molina Riverside/San Bernardino's rate of asthma-related emergency department visits for continuously-enrolled members with asthma in virtual provider collaborative sites decreased from 32% to 28%. The plan's rate of ED visits per 1000 members decreased from 24% to 22%. Molina Riverside/San Bernardino's rate of asthma-related hospital admissions per 1000 members for continuously-enrolled members with asthma in virtual provider collaborative sites decreased from 6% to 5%. Molina Riverside/San Bernardino's rate for appropriate use of long-term controller medications for continuously-enrolled members with persistent asthma decreased from 6% to 5%. Molina Sacramento's adolescent well care visit rate increased from 45.60% to 46.30%.	Molina Riverside/San Bernardino's adolescent well care visit rate decreased from 43.06% to 40.74%.

Substantial Improvement	Minimal Improvement	No Improvement
Partnership Health Plan's adolescent well care visit rate increased from 32% to 43.5%.	Partnership Health Plan's percentage of persistent asthmatics ages 5 – 56 with one or more controller medications dispensed increased from 84.9% to 86.7%. The plan's rate of this population that received a follow-up visit with a PCP or asthma/allergy specialist within 21 days after an ED visit increased from 29% to 31%. Partnership Health Plan's breast cancer screening rate increased from 57% to 58.7%. Partnership Health Plan's childhood immunization rate for combination 2 increased from 71%% to 78.5%. The plan's rate of immunization registry use among high-volume providers increased from 33% to 44%. The plan's percentage of children ages 0 – 2 seen by providers who use the immunization registry increased from 42% to 43%.	Partnership Health Plan's percentage of persistent asthmatics ages 5 – 56 with < 9 canisters of beta agonist medication dispensed decreased from 86.4% to 85.5%; the plan's percentage of this population without ED visits increased from 85.7% to 88.5%. The plan's rate of this population without inpatient discharges decreased from 99.1% to 97.7%.
San Francisco Health Plan's rate of hospital admission for members with asthma increased from .24% to 0%. The plan's rate of emergency department visits for asthma increased from 1.44% to .01%.	San Francisco Health Plan's adolescent well care visit rate increased from 45.14% to 49.07%. San Francisco Health Plan's timeliness of prenatal care visit rate increased from 84.2% to 88.6%. San Francisco Health Plan's rate for appropriate use of controller medication for members with persistent asthma increased from 93.54% to 94.33%.	San Francisco Health Plan's rate for appropriate use of rescue medications for members with persistent asthma decreased from 55.50% to 54.14%.
None reported.	Santa Barbara Regional Health Authority's rate of appropriate treatment for children with upper respiratory infection increased from 68.41% - 74.96%. The plan's rate of appropriate testing for children with pharyngitis increased from 9.63% to 14.23%.	Santa Barbara Regional Health Authority's adolescent well care visit rate decreased from 32.41% to 31.71%.

Substantial Improvement	Minimal Improvement	No Improvement
Santa Clara Family Health Plan's rate for use of appropriate medications for people with asthma increased from 58.5% to 84.91%. Santa Clara Family Health Plan's childhood immunization rate for combination 2 increased from 73.1% to 86.8%. Santa Clara Family Health Plan's percentage of children ages 0 – 2 seen by providers who use the immunization registry increased from 77% to 80%.	Santa Clara Family Health Plan's initial health assessment rate increased from 45.9% to 50.8%. Santa Clara Family Health Plan's adolescent well care visit rate increased from 33.1% to 35%.	Santa Clara Family Health Plan's rate of immunization registry use among high-volume providers decreased from 69% to 68%.
Western Health Advantage's childhood immunization rate for combination 2 increased from 47.81% to 64.16%. The plan's rate of immunization registry use among high-volume providers increased from 66% to 83%. The plan's percentage of children ages 0 – 2 seen by providers who use the immunization registry increased from 47.3% to 63.5%.	Western Health Advantage's adolescent well care visit rate increased from 31.14% to 38.20%.	None reported.

Recommendations

As demonstrated in the above table, the Medi-Cal managed care plans submitting QIPs vary in the level of improvement achieved. Delmarva recommends the following strategies as potential adjunctive efforts that may be useful in achieving and sustaining improvement.

1) Health plans participating in collaboratives, (e.g. asthma, adolescent health) that identify the same or similar barriers to improvement, may benefit from coordinating interventions, (e.g. joint plan and provider staff trainings, distribution of educational materials), when feasible.
2) Health plans who participated in small group collaboratives and IQIPs that have closed should participate in new small group collaboratives or plan and develop new IQIPs. The plans should assess the relevance of any potential project to its population, consider and determine the best methodology for data collection, identify potential barriers to improvement and develop proposed interventions for implementation.
3) Health plans indicate barriers to achievement in the QIP documentation. However, addressing how they will overcome the barriers may be a more effective means of helping the health plans develop strategies and will allow the reviewer to track the decrease in barriers over time.
4) Maintaining gains in improvement is an opportunity. Health plans may benefit by documenting their plan for sustainability of improvement in the QIP report.
5) To promote the spread of successful interventions, when sustained improvement has been attained, CDHS should consider promoting a "Best Practice" forum to enhance plans' knowledge of effective interventions and methodology for sustaining improvement.

The following Appendix contains a summary of each QIP reviewed and validated during the third quarter of 2006.

Appendix

Alameda Alliance for Health: Adolescent Health Collaborative (SWC)

- ***Relevance:***
  - Alameda Alliance for Health's rate of visits for adolescents has been low; their HEDIS 2004 rate was 37.5%, just over the 2003 Medicaid 50th percentile of 36.2%.
- ***Goals:***
  - Increase the rate of adolescent well visits by 10 percent per year.
  - Improve results on Comprehensive Adolescent Report of Health Visit Survey.
- ***Best Interventions:***
  - Training for providers with the Director of the Adolescent Health Working Group on screening adolescents and educational tool kit distributed to providers.
- ***Outcomes:***
  - HEDIS Adolescent well visit rate:
    - 2003: 37.47%
    - 2004: 45.50%
    - 2005: 44.77%
  - Comprehensive Adolescent Report of Health Visit Survey: The rate of improvement is undetermined as this is a baseline measure.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Provider unwillingness to schedule wellness visits.
  - Barrier: Lack of provider awareness and member knowledge regarding wellness visits.
  - Barrier: Provider noncompliance in completing the Staying Healthy assessment.

Alameda Alliance for Health: Childhood Immunization Collaborative (SGC)

- ***Relevance:***
  - The statewide immunization collaborative quality improvement project has been implemented to improve the immunization services provided to children 0-2 years of age and to increase the access and utilization of the regional immunization registries by participating providers.
- ***Goal:***
  - Continued improvement and focused activities to increase the immunization rate and to increase usage of the regional immunization registries by the participating providers.
- ***Best Interventions:***
  - Additional registry funding identified and utilized for data entry backlog.
  - Identified top three patient management information systems with subgroup working on data exchange issues.

- ***Outcomes:***
  - HEDIS childhood immunization combo 1 rate:
    - 2003: 59.12%
    - 2004: 67.80%
    - 2005: *N/A*
  - HEDIS childhood immunization combo 2 rate:
    - 2003: 56.93%
    - 2004: 67.07%
    - 2005: 75.67%
  - High volume providers using immunization registry:
    - 2004: 45.50%
    - 2005: 60%
  - Target population seen by providers accessing registry:
    - 2004: 24.53%
    - 2005: 51.4%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Members and providers tend to lose track of immunizations due.
  - Barrier: Providers are too overwhelmed with regular business to consider additional efforts required for registry.

Blue Cross of California: Improving Childhood Immunization Rates (SGC)

- ***Relevance:***
  - Recognition of the need for timely immunizations for children.
- ***Goal:***
  - Improve childhood immunization rates and improve the use of the immunization registry.
- ***Best Interventions:***
  - Monthly provider reports generated to promote coordination of care.
  - Member intervention programs implemented which included reminder birthday and visit postcards.
- ***Outcomes:***
  - HEDIS childhood immunization combo 2 rate:
    - 2004: 67.14%
    - 2005: 77.78%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Providers failure to immunize during non-preventive visits; lack of participation in a state wide registry; no office reminder system.
  - Barrier: no uniform immunization registry system.

- Barrier: lack of member education and knowledge; eligibility changes and frequent changes in providers/health plans.

Blue Cross of California: Improving Diabetes Care (IQIP)

- ***Relevance:***
  - Recognition of the need for timely and appropriate tests for members with diabetes.
- ***Goal:***
  - Improve HEDIS diabetes measure rates for HbA1c, LDL-C, retinal eye exam, and appropriate use of medications.
- ***Best Interventions:***
  - Reminder cards were sent to members needing retinal eye exams.
  - Phone outreach performed to members with diabetes determined to be at highest risk for complications.
  - Case management conducted with high risk diabetics.
  - Member mailing of education packets in English and Spanish completed.
- ***Outcomes:***
  - HbA1c screening-Plan-wide
    - ◊ 2004: 79.90%
    - ◊ 2005: 72.70%

  The plan reports this change is not statistically significant.
  - Retinal eye exams-Plan-wide.
    - ◊ 2004: 53.02%
    - ◊ 2005: 55.83%

  The plan reports this change is not statistically significant.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of member knowledge about the importance of retinal eye exams for diabetics.
  - Barrier: Lack of member knowledge of how to manage diabetes.
  - Barrier: Lack of physician knowledge of Blue Cross of CA (BCC) diabetes resources, materials and recommended guidelines for diabetes.

Blue Cross of California: Improving Asthma Management (IQIP)

- ***Relevance:***
  - Recognition that appropriate use of medications for asthma remains inadequate.
- ***Goals:***
  - Increase the rate of appropriate use of asthma controller medications.
  - Decrease the overuse of beta agonists.

- ***Best Interventions:***
  - Member education packets were mailed out, and many outreach phone calls were made.
  - Asthma disease management physician toolkits were mailed to PCPs and specialists.
  - Pharmacist pop-up screens were developed reminding pharmacist to educate member on proper use of medications.
- ***Outcomes:***
  - Appropriate use of medications for people with asthma-Plan-Wide
    - 2004: 66.42%
    - 2005: 68.44%

  There was a decrease between baseline and remeasurement 1 in all counties except Alameda and San Francisco. The plan reports this change is not statistically significant.
  - Rate of overuse of reliever medication-Plan-Wide
    - 2004: 37.86%
    - 2005: 11.84%

  There was a decrease between baseline and remeasurement 1 in all counties. BCC's goal was met during this time. The plan reports this decrease is statistically significant – $p<0.05$.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of physician knowledge of BCC asthma materials/resources.
  - Barrier: Lack of member knowledge of how to treat asthma warning signs and asthma flare-ups.

Blue Cross of California: Improving Well Adolescent Care (SWC)

- ***Relevance:***
  - Recognition of the need for improved adolescent well care.
- ***Goals:***
  - Improve adolescent well-care visit rates.
- ***Best Interventions:***
  - Identified high volume physicians.
  - Identified teen friendly or teen comfortable physicians.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate
    - 2004: 35.88%
    - 2005: 35.65%

  The plan reported that a Chi-square test indicates this is not a statistically significant decrease.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: No barriers were identified by BCC.

CalOptima: Improving Access to Adolescent Well Care Services (SWC)

- ***Relevance:***
  - There is consistent underutilization of routine adolescent well care services within the Medi-Cal Managed Care (MCMC) system. The provision of services to adolescents is far below the HEDIS average.
- ***Goals:***
  - Improve access and quality of health services provided to the growing number of adolescents (aged 12-21 years) in California enrolled in MCMC health plans. For members receiving an adolescent well care visit, the goal was set at 48.96 percent, a 5.67 percentage point increase over CalOptima's 2002 HEDIS rate.
- ***Best Interventions:***
  - Identified best practices for increasing utilization of adolescent well care health services.
  - Provided education to providers, including sharing best practices and form distribution in physician offices.
  - Provided incentives to members for encounters.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate.
    - ◊ 2004: 40.05%
    - ◊ 2005: 55.09%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of member and parent education regarding need for care and confidentiality issues.
  - Barrier: Lack of provider program knowledge regarding adolescent well care.

Care1st: Childhood Obesity (SGC)

- ***Relevance:***
  - In October 2004, the San Diego County Board of Supervisors unanimously voted to support the creation of a local *Childhood Obesity Master Plan* to end childhood obesity.
- ***Goals:***
  - Decrease the percentage of 2-4 year old children with a BMI above the 95th percentile by 5%.
  - Decrease the percentage of 5-19 year old children with a BMI above the 95th percentile by 5%.
  - Decrease the percentage of San Diego minority populations who are disproportionately affected by obesity, particularly African Americans, Hispanics, and Native American women by 5%.
- ***Best Interventions:***
  - *N/A* - Proposal
- ***Outcomes:***
  - *N/A* - Proposal

- ***Attributes/Barriers to Outcomes:***
  - *N/A* - Proposal

Care1st: Initial Health Assessments (IQIP)

- ***Relevance:***
  - Care 1st is contractually required to provide its members the opportunity to receive an initial health assessment (IHA) within 120 days of enrollment for members over 18 months of age and within 60 days of enrollment for members less than 18 months of age.
- ***Goals:***
  - Achieve an IHA rate of 47% as indicated by the Healthy Families Program.
- ***Best Interventions:***
  - Initiated phone response system to contact members reminding them to schedule appointment.
- ***Outcomes:***
  - IHA Rate:
    - ◊ Baseline (date not provided): 21%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Mailing information does not guarantee member received the message and does not fully document reasons for not having an IHA.
  - Barrier: Although member services were contacting members with welcome calls, the ability to reach members was hampered by staffing limitations.
  - Barrier: The amount of new members requiring an IHA was increasing due to new counties being added to network.

Care1st: Prenatal Care (IQIP)

- ***Relevance:***
  - In 2003, Care1st scored 46.48% on the HEDIS timeliness of prenatal care measure and 42.25% on the HEDIS timeliness of postpartum care measure for its Medi-Cal members. As the plan is new to San Diego County, it extended these measures there to ensure it meets the minimum performance levels in its first year of reporting.
- ***Goals:***
  - Increase the percentage of referrals to the Comprehensive Prenatal Services Program (CPSP) by at least 25%.
  - Meet the HEDIS 90th percentile for prenatal care.
  - Meet the HEDIS minimum performance level of 51.1% for postpartum care.
- ***Best Interventions:***
  - Contact all pregnant members and explain CPSP. Members who meet HEDIS criteria for prenatal care and keep all of their prenatal appointment will earn a free stroller.

- Offer a $10 gift certificate to members who have the postpartum visit within HEDIS criteria.
- Physicians will be offered a $50 additional payment for assuring member has a postpartum visit between 21 and 56 days after delivery.

➢ ***Outcomes:***

- *N/A* - Proposal

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: The plan has seen significant improvements in prenatal and postpartum rates through CPSP in counties where it has been implemented.

Care1st: Lab Reporting (IQIP)

➢ ***Relevance:***

- Recent analysis revealed that the Care1st QI department receives only about 45% of the lab results for its membership. The lab results the plan does receive are not formatted correctly, and some of the information cannot be utilized.

➢ ***Goals:***

- Increase the collection of lab results for LDL screening, HbA1c screening, Micro albumin screening, and Pap tests by 20-30% from the baseline measurement.

➢ ***Best Interventions:***

- Utilize CALINX standardized reporting to identify diabetic member lab results.
- Complete the development of a diabetic tracking database to assure all diabetics are being tested appropriately.
- Identify diabetics with abnormal results and send educational materials with instructions to have re-testing completed.

➢ ***Outcomes:***

- *N/A* - Proposal

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: The plan's current process of educational mailings and review of HEDIS results does not assess its ability to obtain complete results.

Central Coast Alliance: Improving Adolescent Health Collaborative Project (SWC)

➢ ***Relevance:***

- Consistent under-utilization of routine adolescent well care services exists within the Med-Cal managed care system.

➢ ***Goals:***

- Improve the adolescent visit rate by 3.5% in 2004 (33.7%); and by 5% in 2005.
- Improve the 2005 adolescent survey perception of quality care visits from 49.5% to no less than 55.9%.

- ***Best Interventions:***
  - Conducted teen and parent focus groups to verify who should be targeted for incentives and what incentives work best.
  - Offered provider CME program in each county with noted adolescent expert, Janet Shalwitz, M.D.
  - Held raffle of six mountain bikes as incentives for teens to come for well care visits.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate.
    - 2004: 40.4%
    - 2005: 41.61%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of regional Centers of Excellence in Adolescent Health in the service area.
  - Barrier: Lack of mental health, substance abuse and other teen referral service sites in the area.
  - Barrier: Parents, teens, and providers lack understanding about the value of the teen visit. Many still operate under the belief that "if you are not sick, then you do not need to see the doctor".
  - Barrier: AAP recommends annual adolescent well care visit, but CHDP only reimburses for a well care examination once every three years for Medi-Cal fee-for-service members.

Community Health Group: Adolescent Collaborative (SWC)

- ***Relevance:***
  - Recognition of under-utilization of adolescent well-care visits in the Community Health Group (CHG) membership.
- ***Goal:***
  - Attain a 5% improvement from the baseline rate for adolescent well-care visits.
- ***Best Interventions:***
  - Mailed more than 9,000 letters to adolescent members promoting incentive movie tickets after accessing well visits with PCP.
  - Enhanced plan web site to include My Health Zone which includes educational resources addressing various adolescent health issues.
- ***Outcomes:***
  - *N/A* - This reporting period represents baseline measures only.
- ***Attributes/Barriers to Outcomes:***
  - Attribute: Targeted outreach made to members directly, bypassing parents and providers.
  - Barrier: Completion of survey after the visit when members were reluctant to spend more time in providers' offices.
  - Barrier: Unreliable demographic data on households.

Contra Costa Health Plan: Improving Adolescent Health (SWC)

- ***Relevance:***
  - Recognition of the need for improved well-visit rates for adolescents.
- ***Goal:***
  - Improve adolescent well-visit rates.
- ***Best Interventions:***
  - CCHP preventive guidelines for children and adolescents were revised to include annual visits, and annual history and physicals. The revisions further addressed anticipatory guidance, developmental assessment, and an individual health education behavioral assessment.
  - Approval of all claims for pediatric well visits.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit administrative rate.
    - ◊ 2004: 25.6%
    - ◊ 2005: 28.3%

  The plan reports the improvement is statistically significant – Chi sq = 15.1; $p < .05$.
  - HEDIS Adolescent well-care visit hybrid rate.
    - ◊ 2004: 31.1%
    - ◊ 2005: 33.8%

  The plan reports the improvement is not statistically significant.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: CHDP periodicity guidelines varied from American Academy of Pediatrics recommendations.
  - Barrier: Shortage of appointments for adolescents.
  - Barrier: Providers having varying degrees of knowledge in regards to the content of a comprehensive well-care visit.

Contra Costa Health Plan: Improving Care for Members with Asthma (SGC)

- ***Relevance:***
  - The prevalence of asthma among Contra Costa Health Plan's (CCHP) Medi-cal membership is 8% and the plan recognized an opportunity to improve their care.
- ***Goal:***
  - Increase member self-management skills and assure that the member has seen their primary provider or specialist when needed.
- ***Best Interventions:***
  - All patients enrolled in CCHP's asthma program are given an in-depth assessment, individualized care plan and asthma management education.
  - Pediatric provider education was conducted regarding current treatment guidelines.

- ***Outcomes:***
  - Asthma-related hospital admissions.
    - 2004: 2.8/1000
    - 2005: 2.4/1000

  The plan reports the improvement is statistically significant – Chi sq = 16.0; $p < .05$.
  - Asthma-related hospital admissions for members with asthma.
    - 2004: 4.92%
    - 2005: 4.88%

  The plan reports the improvement is not statistically significant.
  - Asthma-related hospital days.
    - 2004: 7.2/1000
    - 2005: 5.8/1000

  The plan reports the improvement is statistically significant – Chi sq = 78.6; $p < .05$.
  - Asthma-related hospital days for members with asthma.
    - 2004: 17.46%
    - 2005: 17.07%

  The plan reports the improvement is not statistically significant.
  - Asthma-related emergency department visits.
    - 2004: 18.2/1000
    - 2005: 17.8/1000

  The plan reports the improvement is not statistically significant.
  - Asthma-related emergency department visits for members with asthma.
    - 2004: 14.67%
    - 2005: 24.39%

  The plan reports this increase is statistically significant – Chi sq = 25.8; $p < .05$.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Loss of grant funding for a second nurse manager in the asthma program which led to a decrease in intakes since 2002.
  - Barrier: Providers did not have access to prescribing information on their patients.

Contra Costa Health Plan: Reducing Health Disparities (IQIP)

- ***Relevance:***
  - Recognition of disparities in rates by ethnicity for HEDIS measures related to childhood immunizations and well child visits in the first 15 months of life.
- ***Goals:***
  - Significantly improve childhood immunization rates for African Americans.
  - Significantly improve well child visits in the first 15 months of life for both African American and Hispanic populations.

- ***Best Interventions:***
  - Implemented the good health check appointment program with reminders and incentives.
  - CCHP's preventive guidelines for children (including immunization schedules) were revised.
- ***Outcomes:***
  - Childhood immunization rates.
    - Hispanics: 2004: 60.1%; 2005: 62.4%
    - Blacks: 2004: 26.4%; 2005: 24.1%
    - Whites: 2004: 39.9%; 2005: 27.9%

  The plan reports the difference is not statistically significant.
  - Well child visits 0-15 months.
    - Hispanics: 2004: 23.7%; 2005: 30.1%
    - Blacks: 2004: 26.1%; 2005: 20.2%
    - Whites: 2004: 21.6%; 2005: 24.4%

  The plan reports the difference is not statistically significant.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of reminders for shots and appointments.
  - Barrier: Frequent changes of members' telephone numbers and addresses.
  - Barrier: Members have difficulty with transportation and child care and mistrust the health care system.

HealthNet: Adolescent Health Collaborative (SWC)

- ***Relevance:***
  - Health Net had low rates of adolescent well care visits among its members in all counties and adolescent age ranges.
- ***Goal:***
  - Increase utilization of primary care services amongst adolescents.
- ***Best Interventions:***
  - Conducted provider education including information during annual provider update, distribution of consent laws pocket guide to high-volume physician offices, provider incentive program, creation of "Teen Choice Provider" physician designation, and purchase of Rainbow Directory (referral resource for specialty services).
- ***Outcomes:***
  - HEDIS Adolescent well-care visits-Plan-wide.
    - 2004: 30.16%
    - 2005: 30.46%

  The plan reports the improvement is not statistically significant.
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Delayed approval of incentive letters.

- Barrier: Encouraging adolescent and parents to have well care visits continued to be a challenge.
- Barrier: Delayed implementation of interventions.

HealthNet: Childhood Immunization (SGC)

➢ ***Relevance:***

- Although Health Net's HEDIS childhood immunization rates were above the DHS minimum performance level, they were below the high performance level in most contracted counties.

➢ ***Goal:***

- Increase childhood immunization rates in the Medi-Cal population.

➢ ***Best Interventions:***

- Established working relationships with registries.
- Recruited providers to link to the registry.
- Identified high volume providers of childhood immunizations to target education.

➢ ***Outcomes:***

- HEDIS childhood immunization rate combination 2 Plan-wide.
  - ◊ 2004: 65%
  - ◊ 2005: 78.1%
- Immunization registry use among high-volume providers.
  - ◊ 2004: 27.5%
  - ◊ 2005: 28.4%
- Percentage of children 0 – 2 seen by providers using immunization registry.
  - ◊ 2004: 20.4%
  - ◊ 2005: 23.8%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Lack of statewide registry makes coordination more difficult and may hinder data extraction when members move to different regions.
- Barrier: Providers were unwilling to participate in the assessment survey.
- Barrier: Providers may not be aware of the benefits of using immunization registries.
- Barrier: Parents not aware of immunization schedule or forget to immunize children according to schedule.
- Barrier: Children may get immunized at locations other than PCP office; data is hard to retrieve.
- Barrier: Wrong phone numbers for parents.

HealthNet: Customer Service (IQIP)

➢ ***Relevance:***

- According to Health Net's 2006 adult Medicaid CAHPS® survey, which was administered as part of the plan's NCQA accreditation requirements, about 30 percent of responding HealthNet members

had problems getting help when calling customer service and about 26 percent had problems finding and/or understanding information on how the plan works.

- ***Goals:***
  - Achieve the 2005 NCQA national Medicaid average for CAHPS® questions related to customer service.
- ***Best Interventions:***
  - *N/A* – baseline measurement only.
- ***Outcomes:***
  - CAHPS® adult Medicaid survey question 43- members responding "not a problem" with finding/ understanding information on how the plan works in written materials or on the health plan's website:
    - Baseline 2006: 21%
  - CAHPS® adult Medicaid survey question 43- members responding "not a problem" with getting help when calling customer service:
    - Baseline 2006: 69.9%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of member knowledge of customer services and the health plan website.
  - Barrier: Members may have limited English and/or literacy levels.
  - Barrier: Lack of health plan website specifically for Medi-Cal members.
  - Barrier: Internal processes for notifying the call center when printed materials are mailed to members are not standardized and/or used by all departments.
  - Barrier: Lack of detailed data on unresolved calls interferes with trending of calls.
  - Barrier: Materials for Medi-Cal members are not culturally and linguistically appropriate.

Health Plan of San Joaquin: Adolescent Health (SWC)

- ***Relevance:***
  - Since 2002, Health Plan of San Joaquin (HPSJ) has experienced consistently low HEDIS rates for adolescent well care visits.
- ***Goals:***
  - Increase the rate of adolescent well visits to achieve a 50% rate.
  - Attain a 90% overall completion rate on the adolescent after-visit survey.
- ***Best Interventions:***
  - Training for providers with HPSJ's Director of the Adolescent Health Working Group regarding effective strategies for working with teens and parents in clinical settings, nationally recognized standards and guidelines for adolescent preventive health, minor consent, and confidentiality.
  - Distributed of a newsletter designed for teens.

- Developed an adolescent well care visit incentive whereby adolescents received a movie ticket following completion of their annual visits.

➢ ***Outcomes:***

- HEDIS Adolescent well-care visit rate.
  - ◊ 2004: 38.44%
  - ◊ 2005: 34.94%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Poor provider participation in educational programs.
- Barrier: Providers uncomfortable screening and counseling adolescents.

Health Plan of San Joaquin: Childhood Immunization (SGC)

➢ ***Relevance:***

- Prior to September 2003, only 38% of children 0 – 2 years old in San Joaquin County had immunization records entered into the Northern California Regional Immunization Data Exchange (RIDE).

➢ ***Goals:***

- Increase the HEDIS combination 1 and combination 2 childhood immunization rate to 72%.
- Increase provider use of RIDE.

➢ ***Best Interventions:***

- Incentives paid to providers who documented evidence of timely immunizations.
- Distribution of information to providers and members regarding RIDE.

➢ ***Outcomes:***

- Childhood immunization rate combination 2 Plan-wide
  - ◊ 2004: 67.67%
  - ◊ 2005: 71.78%
- Immunization registry use among high-volume providers
  - ◊ 2004: 48%
  - ◊ 2005: 70%
- Percentage of children 0 – 2 seen by providers using immunization registry.
  - ◊ 2004: 40%
  - ◊ 2005: 58%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Incomplete immunization records.
- Barrier: Transient member population that moves from one provider to another affects receipt and documentation of immunizations.
- Barrier: Providers are unaware of the benefits of using the immunization registry.

Health Plan of San Joaquin: Increasing Postpartum Visits after Delivery (IQIP)

- ***Relevance:***
  - Historically HPSJ has a low percentage of postpartum visits occurring on or between 21 days and 56 days after delivery.
- ***Goals:***
  - Achieve a 65% HEDIS rate for postpartum visits occurring on or within 21 – 56 days after delivery.
- ***Best Interventions:***
  - Advice nurse calls to women after a live birth made to emphasize the importance of keeping postpartum visits.
  - Incentives provided to women who receive a postpartum visit within 21 – 56 days after delivery.
  - Providers educated regarding the member incentive program.
  - Congratulations letter and member educational materials mailed to new mothers.
- ***Outcomes:***
  - HEDIS postpartum visit rate
    - 2004: 57.18%
    - 2005: 56.93%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Members do not schedule or keep postpartum appointments.
  - Barrier: Lack of a tracking system in provider offices to monitor whether women schedule and keep postpartum appointments.
  - Barrier: Inadequate member knowledge regarding newborn care.

Health Plan of San Mateo: Adolescent Health (SWC)

- ***Relevance:***
  - Recognition that well care visits are crucial to adolescent members and that HEDIS rates show adolescents are underutilizing the plan's services.
- ***Goals:***
  - Increase the HEDIS rate of adolescent well visits by 10 percent per year.
  - Improve survey results relating to adolescent well care visits by increasing the percentage of members who report they received a quality well care visit by 10 percent per year.
- ***Best Interventions:***
  - Developed a brochure for newly enrolled adolescent members to educate them about covered benefits.
  - Piloted an adolescent well care visit incentive whereby adolescents received a movie ticket following completion of their annual visits.

- ***Outcomes:***
  - HEDIS Adolescent Well Visit rate.
    - 2004: 30.09%
    - 2005: 32.18%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of provider knowledge regarding adolescent well visit components, coverage and reimbursement.
  - Barrier: Members (adolescents and their parents) unclear on the benefits of well care visits.

Health Plan of San Mateo: Asthma (SGC)

- ***Relevance:***
  - In California, 11.9% of the population – approximately 3.9 million adults and children – report that they have been diagnosed with asthma at one time, and 2.9 million children and adults with asthma reported experiencing asthma symptoms at least once in the past 12 months – an overall asthma symptom prevalence of 8.8%.
- ***Goals:***
  - Reduce asthma related emergency room use and inpatient hospital admissions by 50%.
- ***Best Interventions:***
  - Emphasized and educated the patient and family about their role in management of asthma.
  - Conducted monthly identification of poorly controlled asthma patients via billing data (hospitalizations, emergency department, and if available, medication use).
  - Trained staff and provided tools to educate families about how to use spacers, inhalers, peak flow meters, and/or nebulizers during planned visits.
  - Identified and utilized community resources, i.e. smoking cessation programs and providers.
- ***Outcomes:***
  - Asthma-related hospital admissions for members with asthma.
    - 2004: 6/1,000
    - 2005: 8/1,000
  - Asthma-related emergency department visits for members with asthma.
    - 2004: 152/1,000
    - 2005: 125/1,000
  - Rate for appropriate use of controller medications for members with persistent asthma.
    - 2004: 58%
    - 2005: 78%
  - Rate for appropriate use of rescue medications for members with persistent asthma.
    - 2004: 16%
    - 2005: 24%

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Limited provider office staff involvement in asthma treatment activities.
  - Barrier: Provider sites do not use asthma registry.
  - Barrier: Lack of information technology resources at provider sites.

Health Plan of San Mateo: Initial Health Assessments (IQIP)

- ***Relevance:***
  - The plan estimated that approximately 41% of new members received an Initial Health Assessment (IHA) by either a PCP or an OB/GYN within 120 days of their enrollment between 2000 and 2003. Monitoring the provision of initial health assessments was identified as a finding in the plan's most recent State medical audit report.
- ***Goals:***
  - Achieve an improvement of 10 percent in the IHA rate for all new Medi-Cal members.
  - Achieve an improvement of 10 percent in the IHA rate for children with special needs.
- ***Best Interventions:***
  - The reimbursement rate for administering the IHA for new patients was increased from $60 to $90.
  - Revised the new member welcome letters to simplify them and highlight the need for completion of the Staying Healthy Assessment Form. This involved reformatting and lowering the reading level.
  - Met with San Mateo County Medical Group to discuss effective use of the case management lists (listing of their assigned members) and coordination with the county's system.
  - Worked with the San Mateo Human Services Agency to obtain more accurate phone numbers and addresses for our members.
  - Sent postcard reminders to newly enrolled members for an IHA.
- ***Outcomes:***
  - IHA rate for all new Medi-Cal members
    - ◊ 2003: 40.3%
    - ◊ 2004: 44.6%
  - IHA rates for children with special needs
    - ◊ 2003: 28.4%
    - ◊ 2004: 31.3%
- ***Attributes/Barriers to Outcomes:***
  - Attribute: Promotion of financial incentive to providers.
  - Attribute: Increased outreach to members due to more accurate address information.
  - Barrier: Children with special needs are not assigned to a specific PCP responsible for tracking whether they received an IHA initial health assessment.

Inland Empire Health Plan: Adolescent Health (SWC)

- ***Relevance:***
  - Inland Empire Health Plan (IEHP) had a HEDIS adolescent well care visit rate of 44% and a teen pregnancy rate of 12%.
- ***Goals:***
  - Increase the number of adolescent well care visits.
- ***Best Interventions:***
  - Practitioner training conducted on the importance of annual adolescent well care visits, identifying key health topics for adolescents, and discussing these health topics with adolescents in confidence.
  - Pay for Performance (P4P) incentive program implemented for annual adolescent well care visits.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate.
    - 2004: 52.2%
    - 2005: 59.3%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Members are not aware of the importance of annual adolescent well care visits.
  - Barrier: Physicians are not aware of the key health topics that should be discussed with their adolescent members.
  - Barrier: Physicians may be uncomfortable discussing sensitive topics (e.g., sexual behavior, violence) with their adolescent members.

Inland Empire Health Plan: Asthma Management (SGC)

- ***Relevance:***
  - Within IEHP's population, asthma has consistently been one of the top primary diagnoses for children's hospital admissions.
- ***Goal:***
  - Reduce emergency department use and hospital admissions by 50% for members with asthma in the practice intervention sites.
- ***Best Interventions:***
  - Provided practitioners with a quarterly report summarizing their asthmatic patients' emergency department visit, in-patient stay and long-term control medication use rates to assist in the management of their asthmatic patients.
  - Implementation of the asthma P4P physician incentive program encouraging physicians to complete an asthma intake form for all asthma patients. Providers will be rewarded financially for submitting completed asthma progress notes for their members.

- Implementation of an on-line submission option for the asthma P4P physician incentive program allowing practitioners to enter asthma progress note information on-line for P4P payment consideration.

➢ ***Outcomes:***

- Asthma-related hospital admissions for members with asthma.
  - ◊ 2004: 117/1,000
  - ◊ 2005: 161/1,000
- Asthma-related emergency department visits for members with asthma.
  - ◊ 2004: 232/1,000
  - ◊ 2005: 424/1,000
- Rate for appropriate use of controller medications for members with persistent asthma.
  - ◊ 2004: 55.12%
  - ◊ 2005: 81.77%
- Rate for appropriate use of rescue medications for members with persistent asthma.
  - ◊ 2004: 75.32%
  - ◊ 2005: 96.47%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Practitioners are not aware of proper management of asthma patients-particularly pediatric asthma patients.
- Barrier: Members do not know how to self-manage their asthma.
- Barrier: Practitioners are not aware of the educational opportunities available for members.
- Barrier: Practitioners need additional decision support for managing the care of patients with asthma.

Inland Empire Health Plan: Improving the Quality of Care for Members with Diabetes (IQIP)

➢ ***Relevance:***

- Diabetes has consistently been among the top four primary diagnoses for adult medical encounters and among the top 15 primary diagnoses for hospital admissions.
- Diabetic patients total less than 1% of the membership, but utilize twice the outpatient services.
- Clinical audits focused on diabetes care have revealed that practitioners are not compliant with treatment guidelines and are often unaware of treatment guideline updates relating to the treatment and management of diabetes.

➢ ***Goals:***

- Improve the proportion of diabetic members receiving an HbA1C test.
- Improve the proportion of diabetic members receiving an LDL-C screening.
- Improve the proportion of diabetic members receiving a screening for nephropathy.
- Improve the proportion of diabetic members receiving an annual diabetic retinal exam.
- Improve the proportion of eligible diabetic members performing self-monitoring of blood glucose.

- Improve the proportion of diabetic members with hypertension receiving ACE inhibitors or ARBs.

➢ ***Best Interventions:***

- Health management practitioner comparison report distributed to increase awareness and improve the quality of care for diabetic members. The report notifies practitioners of the number and percentage of their patients on ACE inhibitors and the number of DREs received by their members.
- Health management PCP member list report sent to practitioners bi-annually. Practitioners receive a list of their patients identified as having diabetes, along with a detailed summary of tests submitted to the P4P program for each member.
- P4P practitioner incentive program implemented where practitioners receive incentives to order the HbA1c lab, LDL screening, spot micro albumin screening, and eye exam for their diabetic patients.
- Health management diabetes quality of life survey continued in 2004. In 2003, the baseline measurement was collected assessing members' quality of life living with diabetes. In 2004, a re-measurement of members' quality of life will direct future health management and health education program strategies and will track specific member changes in quality of life levels to target possible intervention needs.

➢ ***Outcomes:***

- HbA1c testing rate
  - ◊ 2004: 76.94%
  - ◊ 2005: 79.08%

The plan reports the improvement is not statistically significant.

- LDL-C screening rate
  - ◊ 2004: 86.65%
  - ◊ 2005: 88.81%

The plan reports the improvement is not statistically significant.

- Nephropathy screening rate
  - ◊ 2004: 70.87%
  - ◊ 2005: 63.50%

The plan reports this increase is statistically significant – $p= 0.024$.

- Diabetic retinal exam rate
  - ◊ 2004: 50.73%
  - ◊ 2005: 64.72%

The plan reports this increase is statistically significant – $p<0.0001$.

- Proportion of diabetics performing self-monitoring of blood glucose
  - ◊ 2004: 72.39% (oral medications); 2004: 85.70% (insulin)
  - ◊ 2005: 73.21% (oral medications); 2005: 86.88% (insulin)

The plan reports the improvement is not statistically significant.

- Compliance rate for diabetics with hypertension receiving ACE inhibitors or ARBs

- 2004: 79.71%
- 2005: 83.55%

The plan reports this increase is statistically significant – $p<0.001$.

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of practitioner support to coordinate the timely delivery of diabetic care.
  - Barrier: Lack of member understanding of diabetes self-management.
  - Barrier: Member resistance to make the lifestyle changes necessary to cope with the disease.
  - Barrier: Lack of provider knowledge of the capabilities of optometrists to perform the dilated retinal exams.

Inland Empire Health Plan: Improving Authorization Time for Pharmacy Exception Requests (PERs) (IQIP)

- ***Relevance:***
  - The increase in the turnaround time and the expectation by management that the trend would continue given forecasted membership increases caused IEHP to take a closer look at the PER process and implement a QI activity.
- ***Goal:***
  - Reduce the PERs processing turn-around time.
- ***Best Interventions:***
  - Providers are permitted to submit PERs via the IEHP website.
  - The IEHP formulary is available online.
  - The faxing software was improved in the pharmaceutical services department.
  - The PER processing MS Access database was updated to a faster, more reliable application.
- ***Outcomes:***
  - PERs per 10,000 members.
    - 2004: 19.16
    - 2005: 20.21

  The plan reports this change is statistically significant – $p < 0.0001$.
  - PERs processed in one working day.
    - 2004: 54.21%
    - 2005: 50.17%

  The plan reports this change is statistically significant – $p < 0.0001$.
  - Grievances related to PERs per 10,000 members.
    - 2004: 0.03
    - 2005: 0.03

  The plan reports this change is statistically significant – $p < 0.0001$.

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Many pharmacists and practitioners are not aware of the PER process and need additional information.
  - Barrier: The IEHP formulary needs to be more readily accessible to practitioners.
  - Barrier: The staffing level in IEHP's pharmaceutical services department has a direct correlation to the turn around time for PERs.
  - Barrier: IEHP practitioners need to have point-of-care access to important clinical information such as: adult and pediatric dosing, contraindications, drug interactions, and adverse reactions.
  - Barrier: Lack of automation of the PER process.

Kaiser Sacramento: Adolescent Health (SWC)

- ***Relevance:***
  - Kaiser Sacramento GMC adolescent well-care visit HEDIS rates fall below the most recently published (February 2003) 2002 Medi-Cal Managed Care Division (MMCD) average of 28.2%, with a rough five-year average of 24.5%.
- ***Goal:***
  - Increase the frequency of adolescent well-care visits.
- ***Best Interventions:***
  - Two Kaiser pediatric physician adolescent health champions and one pediatric RN specialist attended the Adolescent Health "Train the Trainer" sessions offered through MMCD.
  - In-person training/communication with physicians and support staff regarding importance and logistics of administering re-measurement survey.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate.
    - ◊ 2004: 24.74%
    - ◊ 2005: 24.46%

The plan reports this change is not statistically significant - p = 0.66.

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Delayed implementation of mass mailing campaign.
  - Barrier: PCP site staff educated regarding when and to whom to administer surveys.

Kaiser San Diego: Adolescent Health (SWC)

- ***Relevance:***
  - Adolescent members account for 22% of the total GMC population of 8,190.
- ***Goals:***
  - Improve the HEDIS rate of adolescent well-care visits.

- ***Best Interventions:***
  - Scheduled special clinic hours for weekends and late afternoon in May-August to facilitate school related physicals/immunizations.
  - Trained peers to serve as support role in teen friendly clinic setting.
  - Teen friendly clinics allow trained practitioners sufficient appointment time (minimum of 30 minutes) to establish a bond with the teen and address preventive health.
  - Waived co-pay for office visit, lab tests and cost of prescriptions related to confidential visits.
- ***Outcomes:***
  - Adolescent well visit HEDIS Rate.
    - ◊ 2004: 24.41%
    - ◊ 2005: 24.44%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Consistent underutilization of annual well care visits by teens resulting in organizational inability to provide needed immunizations, risk factor assessments, counseling, and screening for early detection of health problems.
  - Barrier: Teens do not feel comfortable discussing sensitive issues with adult health care providers.
  - Barrier: Time constraints prevent effective pediatrician/family practitioner communication with teens during office visit.
  - Barrier: Some adolescents who cannot afford pharmacy and office visit co-pays may be unwilling to turn to their parents for help, particularly if they are seeking care for sexually transmitted disease, pregnancy, depression, drug use or other sensitive health concern.

Kaiser San Diego: Improving Asthma Medication Management (IQIP)

- ***Relevance:***
  - Asthma members comprised 3.1% of the total member population in 2004.
- ***Goals:***
  - Improve the quality of life for members with asthma.
  - Improve appropriate medication use, decrease beta agonist overuse and increase use of inhaled anti-inflammatory medications.
  - Decrease ER utilization by asthma members for asthma related problems and improve asthma self-management and attack plans.
- ***Best Interventions:***
  - Automatic follow up appointment provided to any asthma patient who is discharged from the hospital or emergency department.
  - Care management summary sheets, with specific patient criteria and regional algorithms based on risk status, faxed as daily reminders to MDs and asthma care providers to provide them with information about patients coming in for appointments regarding asthma medications.

- Adult asthma education program implemented to teach members the best way to take medication. Free peak flow meters provided and classes and education material offered in English and Spanish.

➢ ***Outcomes:***

- Dispensing anti-inflammatory medication.
  - ◊ 2004: 68.6%
  - ◊ 2005: 76.9%
- Reduce use of beta agonist medications (> 12 canisters per year).
  - ◊ 2004: 6.5%
  - ◊ 2005: 5.1%

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: Kaiser San Diego implemented a population based medicine management structure in 2005 with integrated systems and processes to improve the management of chronic diseases, including asthma management.

Kaiser San Diego: Improving Blood Sugar Levels for Members with Diabetes (IQIP)

➢ ***Relevance:***

- The prevalence of diabetes among Kaiser San Diego members has grown every year since 1999. GMC members with diabetes totaled 352 and comprised 1.4% of the population (February 2004).

➢ ***Goals:***

- Increase the percentage of diabetic members with at least one HbA1c test within the last 12 months.
- Reduce the percentage of diabetic members with HbA1c >9.5%.

➢ ***Best Interventions:***

- Diabetes lab panel created to assist providers in ordering testing in the office or through outreach.
- Diabetes outreach letters created to help ensure that all diabetic patients are appropriately screened.
- In response to data showing that diabetes affects Latinos in disproportionate numbers, focus groups, phone surveys and needs assessments were conducted to identify needs and the preferred method of delivering health education to Latino members.
- An information system was developed to identify new diabetics in the emergency department. A diabetes profile is generated at registration. For new diabetic patients, information packets are available, and next day appointments can be made for the diabetes clinic on priority basis.

➢ ***Outcomes:***

- HbA1c testing rate.
  - ◊ 2004: 85.2%
  - ◊ 2005: 81.5%
- Members with HbA1c greater than 9.5%.
  - ◊ 2004: 8.5%
  - ◊ 2005: 15.3%

- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of practitioner awareness of most current diabetes information, protocols, recommendations, and guidelines.
  - Barrier: Lack of member outreach to increase awareness of the necessity of regular lab testing. Patients miss lab tests as a result of lack of awareness.
  - Barrier: Lack of understanding of patient preferences regarding involvement in disease management.
  - Barrier: Lack of tool to identify new diabetics who are diagnosed through the emergency department.

Kern Family Health Care: Improving Adolescent Well Care (SWC)

- ***Relevance:***
  - Primary care providers were often not conducting a comprehensive adolescent health care assessment at the minimum of every four years, as recommended.
- ***Goals:***
  - Increase improvement by 15% for each of the four assessment components: physical exam and developmental history (including mental development); physical exam, behavioral risk assessment; and health education/anticipatory guidance.
- ***Best Interventions:***
  - "Train the Trainer" conference held to educate providers about the components of a "complete" adolescent well care exam.
  - "Teen Wellness Reward Program" implemented where the adolescent receives two movie tickets for their birthday in exchange for a wellness exam with their provider.
- ***Outcomes:***
  - Adolescent Well Visit HEDIS rate.
    - ◊ 2004: 37.23%
    - ◊ 2005: 35.52%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Lack of monetary support for the adolescent wellness exam project.
  - Barrier: Lack of motivation by teenagers to seek preventive care.

Kern Family Health Care: Childhood Immunization (SGC)

- ***Relevance:***
  - The Kern Family Health Care (KFHC) HEDIS rate for combination 1 was 58.8% in 2002 and 56.6% in 2003. The HEDIS rate for combination 2 was 58.3% in 2002 and 55.6% in 2003.
- ***Goals:***
  - Increase high volume provider use of RIDE for children 0-2 years of age.
  - Improve HEDIS combination 1 and combination 2 childhood immunization rates.

- ***Best Interventions:***
  - Postcards in both English and Spanish provided to offices to send to KFHC families overdue for immunizations.
  - Prenatal packet including phone call to member from a member services representative, mailing of educational material regarding pregnancy and immunization schedule for baby after delivery implemented.
  - Risk pool monies distributed to those providers who perform complete initial health assessments on members, including, but not limited to, immunization status.
  - Providers educated regarding the registry during site surveys.
- ***Outcomes:***
  - HEDIS Childhood immunization combination 2 rate Plan-wide.
    - 2004: 65.11%
    - 2005: 69.82%
  - Immunization registry use among high-volume providers.
    - 2004: 75%
    - 2005: 80%
  - Percentage of children 0 – 2 seen by providers using immunization registry.
    - 2004: 37.49%
    - 2005: 40.01%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Missed opportunities to administer vaccinations (e.g., during sick visits).
  - Barrier: Some providers were unable to participate in the immunization registry due to lack of sufficient computer hardware and not enough staff to input data.

Kern Family Health Care: Improving the Rate of Pap Tests and Chlamydia Screening (IQIP)

- ***Relevance:***
  - Stalled improvement reported for Pap test screening (2004: 57.33% and 2005: 57.74%).
  - Pap screening for women ages 18-64 helps reduce the cervical cancer morbidity and mortality rates and is the most cost-effective cancer screening tool available today.
  - Chlamydia screening rates evidence some improvement although continue to fall below the 50% percentile.
  - CDC and U.S. Preventive Services Task Force guidelines recommend screening sexually active females 16-25 years of age annually for chlamydia.
- ***Goals:***
  - Increase Pap test screening rates by 10 percentage points from baseline to remeasurement 1.
  - Increase chlamydia screening rates by 10 percentage points from baseline to remeasurement 1.

- ***Best Interventions:***
  - Focus surveys performed on the medical records of all network PCPs that include (but are not limited to) the preventive care requirements of Pap testing and screening. Providers not in compliance receive a corrective action plan they must adhere to address noncompliance.
- ***Outcomes:***
  - HEDIS Pap test screening rate.
    - 2004: 57.74%
    - 2005: 60.21%
  - HEDIS Chlamydia screening rate.
    - 2004: 49.82%
    - 2005: 56.94%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Some PCPs assume the member is getting tested by a gynecologist.
  - Barrier: PCP may be uncomfortable discussing sexual issues or may lack information.

LA Care: Improving Adolescent Well Care (SWC)

- ***Relevance:***
  - LA Care has scored below the HEDIS national benchmark for adolescent well child visits since 1999.
- ***Goals:***
  - Improve the rate of adolescent members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
  - Improve the rate of adolescents who completed a post health visit survey.
- ***Best Interventions:***
  - Invitations to seek a well care visit and participate in the movie ticket incentive has been individualized and linked to the birthday month of the teen. A follow up letter is sent to the parents suggesting ways in which they can help their teen get a preventive care visit and a free movie ticket.
  - Focus survey barrier analysis to research why teens do not seek well care visits.
  - Providers sent letter explaining program and reinforcing required components of well adolescent visits.
  - List of eligible adolescent members sent to providers.
- ***Outcomes:***
  - Adolescent well care visit HEDIS rate.
    - 2004: 36.65%
    - 2005: 36.96%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Issues regarding confidentiality.
  - Barrier: Adolescent discomfort with discussing issues with the provider.

- Barrier: Adolescent's ability to get to the doctor without parental assistance is limited.
- Barrier: Lack of knowledge and understanding of adolescent health issues among providers.

LA Care: Asthma Collaborative Plan/Practice Improvement Project (SGC)

➢ ***Relevance:***

- In California, 11.9% of the population – approximately 3.9 million adults and children – report that they have been diagnosed with asthma at one time, and 2.9 million children and adults with asthma reported experiencing asthma symptoms at least once in the past 12 months – an overall asthma symptom prevalence of 8.8%.

➢ ***Goals:***

- Coordinate improvement and chronic care management approaches at the health plan and provider levels.
- Reduce emergency room visits and hospital admissions by 50% for members with asthma.

➢ ***Best Interventions:***

- Asthma virtual learning sessions were organized for practice sites on a quarterly basis.
- Asthma registry for maintaining data for asthma members developed.
- Practice site providers were given quarterly financial reimbursement for time spent completing chart reviews.

➢ ***Outcomes:***

- Asthma-related hospital admissions for members with asthma.
  - ◊ 2004: 17.85/1,000
  - ◊ 2005: 29.41/1,000
- Asthma-related emergency department visits for members with asthma.
  - ◊ 2004: 464.28/1,000
  - ◊ 2005: 500/1,000

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Potential data overlap in up to three remeasurement periods.
- Barrier: Lack of provider awareness about the plan /practice improvement project program.
- Barrier: Lack of communication between plan and pilot/practice sites.

Molina Riverside-San Bernardino: Improving Adolescent Care (SWC)

➢ ***Relevance:***

- Based on Molina's December 2004 demographic data, adolescents between the ages of 12-21 years represent approximately 14.36% of the Medi-Cal membership in Riverside/San Bernardino counties.
- Underutilization of routine adolescent well care services is an important issue to address.

➢ ***Goals:***

- Improve the rate of adolescent members who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.

- Improve the rate of adolescents who completed the survey and received risk behavior screening, counseling or other health education by PCP or other provider during the measurement year.

➢ ***Best Interventions:***

- Redesigned missed services communication process to practitioners utilizing a fax server to provide faster, accurate communication regarding adolescent well care visits.
- Practitioners informed via fax of the $20.00 gift card incentive for adolescent members who completed a wellness check-up.

➢ ***Outcomes:***

- HEDIS Adolescent well care visit rate.
  - ◊ 2004: 43.06%
  - ◊ 2005: 40.74%

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: Incentives were provided to all adolescents who completed the survey.
- Barrier: Teen friendly providers not easily identified in the Molina provider network directory.
- Barrier: Parental consent is required for visits which conflicts with the adolescent's desire for confidentiality.
- Barrier: Practitioner knowledge of referral sources is limited for many adjunctive adolescent services.

Molina Riverside-San Bernardino: Asthma Care (SGC)

➢ ***Relevance:***

- California has an overall asthma symptom prevalence of 8.8%.
- Molina participates in the California Asthma Collaborative which focuses on establishing practices that improve clinical quality for enrollees with asthma.

➢ ***Goals:***

- Coordinate improvement and chronic care management approaches at the health plan and provider levels.
- Reduce emergency room visits and hospital admissions by 50% for members with asthma assigned to provider offices within the Virtual Provider Collaborative Sites.

➢ ***Best Interventions:***

- All members identified as having a diagnosis of asthma are enrolled in the Molina asthma disease management registry.
- Communication conducted with providers including notification of members with asthma diagnosis.

➢ ***Outcomes:***

- Asthma-related hospital admissions for members with asthma.
  - ◊ 2004: 4%
  - ◊ 2005: 0%

- Asthma-related emergency department visits for members with asthma.
  - ◊ 2004: 32%
  - ◊ 2005: 28%
- Rate of emergency department visits per 1,000 members with asthma.
  - ◊ 2004: 24%
  - ◊ 2005: 22%
- Rate for appropriate use of controller medications for members with asthma.
  - ◊ 2004: 6%
  - ◊ 2005: 5%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Members with asthma not identified in registry.

Molina Sacramento: Improving Adolescent Care (SWC)

➢ ***Relevance:***

- Based on Molina's December 2004 demographic data, the adolescents between the ages of 12-21 years represent approximately 36% of the Medi-Cal membership in Sacramento County.

➢ ***Goals:***

- Improve the rate of adolescent members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
- Improve the rate of adolescents who completed the survey and received risk behavior screening, counseling or other health education by PCP or other provider during the measurement year.

➢ ***Best Interventions:***

- Redesigned missed services communication process to practitioners utilizing a fax server to provide faster, accurate communication regarding adolescent well care visits.
- Practitioners informed via fax of the $20.00 gift card incentive for adolescent members who completed a wellness check-up.

➢ ***Outcomes:***

- HEDIS Adolescent well care visit rate.
  - ◊ 2004: 45.60%
  - ◊ 2005: 46.30%

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: Incentives were provided to all adolescents who completed the survey.
- Barrier: Lack of identification of teen friendly providers in the Molina provider network directory.
- Barrier: Parental consent is required for visits which conflicts with the adolescent's desire for confidentiality.
- Barrier: Practitioners' limited knowledge of referral sources for many adjunctive adolescent services.

Molina Sacramento: Childhood Immunization (SGC)

- ***Relevance:***
  - Childhood population is the fastest growing sector in Sacramento. In December 2004, children age 0-5 years old represented 22% of the Molina Sacramento GMC population—children aged 0-2 were 10.7% of the membership total.
- ***Goals:***
  - Short term: Increase collaboration with area health plans, the Department of Health and Human Services, and Shots4Tots to develop a regional immunization registry.
  - Long term: Improve the immunization rates among Molina Sacramento Medi-Cal enrollees as well as other children receiving Medi-Cal benefits in the region.
- ***Best Interventions:***
  - Collaboration with Sacramento KIDS registry.
  - Reminder system as an integral component of the registry.
  - Member incentive for receipt of immunization status update for new members.
  - Educational activities for practitioners and members.
- ***Outcomes:***
  - HEDIS Childhood immunization rate-combination 2.
    - ◊ 2004: 58.80%
    - ◊ 2005: 69.61%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Inconsistent provider knowledge of child preventive health guidelines and immunization schedules.
  - Barrier: Frequent turnover in Medi-Cal plan membership disrupts continuity of care.

Partnership Health Plan: Adolescent Health (SWC)

- ***Relevance:***
  - Partnership Health Plan's (PHP) Medi-Cal adolescent members (age 12 to 21) comprise 19.6 % of the total health plan population.
  - PHP's HEDIS 2004 rate of 24% for adolescent well-care visits was less than the NCQA national Medicaid 90th percentile which shows underutilization of routine adolescent well care services.
  - According to the California Department of Health Services, overall birth rates for teens ages 15-19 in Solano County (40.0 per 1,000) are higher than those in any other Bay Area county.
- ***Goals:***
  - Improve rate of enrolled members ages 12-21 years who had at least one comprehensive well-care visit annually with a primary care practitioner or an OB/GYN practitioner.
  - Assess and improve quality of care and services provided to adolescents at the time of routine well care and episodic visits.

- ***Best Interventions:***
  - Collaboration between PHP staff, provider site representatives, teen representatives, and local agencies to conduct process improvement.
  - PHP conducted onsite provider meetings at the time of facility site reviews to educate providers about adolescent well-care visits.
- ***Outcomes:***
  - HEDIS Adolescent well care visit rate.
    - 2004: 32%
    - 2005: 43.5%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Teens exhibit lack of awareness of importance of well care visits.
  - Barrier: Providers unaware of adolescent preventive health guidelines and criteria for annual well-care visits.
  - Barrier: Confidentiality issues related to parental permission requirement for treatment.
  - Barrier: Providers uncomfortable with adolescent psychosocial issues and offices not teen friendly.

Partnership Health Plan: Childhood Immunization (SGC)

- ***Relevance:***
  - Healthy People 2010 established a goal of enrolling 95% of children from birth through age five in a fully functioning immunization registry.
- ***Goals:***
  - Improve the rate of children two years of age who had (4) DTaP/DT, (3) IVP, (1) MMR, (3) HIB, and (3) HEP B (HEDIS® Combo 1 measure)
  - Improve the rate of children two years of age who had (4) DTaP/DT, (3) IVP, (1) MMR, (3) HIB, (3) HEP B, and (1) VZV (HEDIS® Combo 2 measure)
  - Improve childhood immunization rates through linking high volume primary care providers to immunization registries.
- ***Best Interventions:***
  - Workflow/IT assessment tools and tracking system created.
  - PCP quality bonus program changed by reducing indicators and increasing bonus pool to influence registry implementation.
  - Technical assistance provided by PHP to practice sites related to registry implementation.
- ***Outcomes:***
  - HEDIS Childhood immunization rate combination 2.
    - 2004: 71%
    - 2005: 78.5%

- Immunization registry use among high-volume providers.
  - ◊ 2004: 33%
  - ◊ 2005: 44%
- Percentage of children 0 – 2 seen by providers using immunization registry.
  - ◊ 2004: 42%
  - ◊ 2005: 43%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Provider unwillingness to participate in registry due to lack of resources.
- Barrier: Some sites are without regional registry resources/support.

Partnership Health Plan: Asthma (IQIP)

➢ ***Relevance:***

- Asthma is one of Partnership's top diagnoses for ambulatory care, emergency department visits, and acute hospital admissions.

➢ ***Goals:***

- Achieve a rate of 75% for persistent asthmatics age 5-56 with one or more controller medications dispensed during the measurement year.
- Achieve a rate of 95% for persistent asthmatics age 5-56 with <9 canisters of beta agonist medication dispensed during the measurement year.
- Achieve a rate of 90% for persistent asthmatics age 5-56 with 0 ED visits for asthma during the measurement year.
- Achieve a rate of 99% for persistent asthmatics age 5-56 with 0 inpatient discharges for asthma during the measurement year.
- Achieve a rate of 75% for members with ED visits for asthma who will receive a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the visit during the measurement year.

➢ ***Best Interventions:***

- The plan's Medical Director attended ED physician meeting to discuss findings related to asthma ED visits and develop action plan.
- Handout for patients in ED for asthma drafted that gives follow up instructions.
- Targeted mailing to 10,240 members, including a postcard to members with an acuity score of 0-2 reminding them to get allergy medications
- Asthma control test given to members with an acuity score of >3.
- Telephonic asthma intervention and distribution of asthma management devices to 10 members.

➢ ***Outcomes:***

- Rate of persistent asthmatics ages 5-56 with one or more controller medications dispensed during the measurement year.
  - ◊ 2004: 84.9%

- ◊ 2005: 86.7%
- Rate of persistent asthmatics ages 5-56 with <9 canisters of beta agonist medication dispensed during the measurement year.
  - ◊ 2004: 86.4%
  - ◊ 2005: 85.5%
- Rate of persistent asthmatics ages 5-56 with 0 ED visits for asthma during the measurement year.
  - ◊ 2004: 85.7%
  - ◊ 2005: 88.5%
- Rate of persistent asthmatics age 5-56 with 0 inpatient discharges for asthma during the measurement year.
  - ◊ 2004: 99.1%
  - ◊ 2005: 97.4%
- Rate of members with ED visits for asthma who received a follow-up visit with a PCP or asthma/allergy specialist within 21 days of the ED visit during the measurement year.
  - ◊ 2004: 29%
  - ◊ 2005: 31%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Providers/practitioners don't know what prescriptions are being filled by members and are unaware of rescue inhaler overuse or non-compliance.
- Barrier: Practitioners are unaware of the implications of beta agonist overuse or are unaware of what indicates overuse.
- Barrier: Patients don't understand how to manage their asthma.
- Barrier: Underutilization of referrals to the capitated allergy/asthma specialists and to the home health assessment program.
- Barrier: Lack of access for patients to their PCP for follow-up.

Partnership Health Plan: Improving Breast Cancer Screening Rates (IQIP)

➢ ***Relevance:***

- PHP's rate of 49% for measurement year 1999 (services in 1997 and 1998) is below the NCQA Medicaid benchmark of 66% and, therefore, shows room for improvement.

➢ ***Goals:***

- Improve breast cancer screening rates.

➢ ***Best Interventions:***

- Report card sent to providers highlighting women who have not had a mammogram in the past two years.
- Women's health reminder cards mailed to member on birthday (age specific).
- Reports sent to 90 practice sites listing 3,353 women 50-69 who have not had the service.

- ***Outcomes:***
  - HEDIS Breast cancer screening rate.
    - 2004: 57%
    - 2005: 58.7%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Women are not aware of the need for screening.
  - Barrier: Women forget to schedule regular screenings or it is not a priority.
  - Barrier: Member fear of procedure or don't want to know results.
  - Barrier: Practitioner missed opportunities to encourage screening.
  - Barrier: No reminder/recall system.

San Francisco Health Plan: Adolescent Health (SWC)

- ***Relevance:***
  - Adolescents represent 21.4% of San Francisco Health Plan (SFHP)'s Medi-Cal membership.
  - Underutilization of routine adolescent well care services is an important issue to address.
  - Standard of care for adolescents recommended by the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the U.S. Maternal and Child Health Bureau (MCH Bureau).
- ***Goal:***
  - To improve the rate of adolescents who receive a well care visit.
- ***Best Interventions:***
  - Adolescent movie ticket incentive program implemented.
  - Phone Bank held where SFHP staff volunteered to stay after hours and make calls to families with teens and encourage them to make an appointment for their annual well check.
  - Initiated $20 provider incentive for doing outreach to teens to get them in for well visits and complete adolescent health surveys.
- ***Outcomes:***
  - Adolescent well care visit HEDIS rate.
    - 2004: 45.14%
    - 2005: 49.07%
- ***Attributes/Barriers to Outcomes:***
  - Attribute: Very successful intervention of the offering of movie tickets to teens for getting their annual well check resulted in an increase in well care visit rates.
  - Barrier: Some adolescent health surveys were not being completed properly.
  - Barrier: Under-utilization of preventive services among adolescents.
  - Barrier: Adolescent members lack of motivation to seek care.

San Francisco Health Plan: Asthma (SGC)

- ***Relevance:***
  - SFHP has a higher prevalence of asthma than the national average (10% versus 5-8%).
  - SFHP serves many minorities who are adversely impacted by the burden of asthma.
- ***Goals:***
  - Establish practices that improve clinical quality for enrollees/members with asthma and maximize limited resources by coordinating interventions and sharing information across stakeholder groups.
  - Reduce emergency department use and hospital admissions by 50% for members with asthma in the practice intervention sites.
- ***Best Interventions:***
  - Virtual learning sessions held for providers about the key elements of practice site improvement using web based technology.
  - Outreach efforts made to include member/parent letters and calls to members.
  - Developed an asthma database to track improvement activities.
- ***Outcomes:***
  - Asthma-related hospital admissions for members with asthma.
    - 2004: .24%
    - 2005: 0%
  - Asthma-related emergency department visits for members with asthma.
    - 2004: 1.44%
    - 2005: .01%
  - Rate for appropriate use of controller medications for members with persistent asthma.
    - 2004: 93.54%
    - 2005: 94.33%
  - Rate for appropriate use of rescue medications for members with persistent asthma.
    - 2004: 55.50%
    - 2005: 54.14%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Each practice site engaged operates differently.
  - Barrier: Limited resources to conduct member asthma education.

San Francisco Health Plan: Diabetes (IQIP)

- ***Relevance:***
  - Diabetes is the second most prevalent chronic condition in the SFHP member population. After measuring its performance on the HEDIS Comprehensive Diabetes Care measures, the plan concluded that it had a great deal of room to improve.

- ***Goal:***
  - Achieve a HbA1c testing rate of 82.5%.
  - Achieve a Diabetic Retinal Exam Rate of 64.3%.
  - Achieve an LDL-C screening rate of 75.5%.
  - Achieve a Nephropathy screening rate of 60.9%.
- ***Best Interventions:***
  - Develop and disseminate clinical guidelines to providers.
  - Annually, send all members with diabetes a letter, diabetes tip sheet, diabetes health record card, and the business cards of the two SFHP nurse case managers.
- ***Outcomes:***
  - HbA1c testing rate.
    - Baseline 2005: 71.3%
  - Diabetic retinal exam rate.
    - Baseline 2005: 65.2%
  - LDL-C screening rate.
    - Baseline 2005: 65.2%
  - Nephropathy screening rate.
    - Baseline 2005: 52.6%
- ***Attributes/Barriers to Outcomes:***
  - Attribute: Member reminders and education are effective in improving HEDIS rates.
  - Barrier: Significant disparities in care exist between provider offices.

San Francisco Health Plan: Prenatal Care (IQIP)

- ***Relevance:***
  - San Francisco Health Plan faces a significant challenge in that the plan often does not know when female members become pregnant or who are pregnant at the time of enrollment. The plan's capitated payment model with its delegated medical groups and lag in collecting claims data also pose a barrier to timely identification of pregnant members.
- ***Goal:***
  - Achieve 89.5% on the HEDIS Timeliness of Prenatal Care Measure.
- ***Best Interventions:***
  - Prenatal incentive program implemented with gift card for early prenatal care received.
  - Bi-annual mailing sent to Medi-Cal female members ages 15-44 describing incentive program and promoting early prenatal care.
  - Monthly mailing sent to Medi-Cal female members ages 15-44 describing incentive program and promoting early prenatal care.

- Weekly prenatal appointments made available for SFHP members at a high-volume clinic within the network.
- Outreach made to network medical groups, high volume clinics, and community-based organizations to discuss prenatal care access, programs available and promote incentive program.

➢ ***Outcomes:***

- Timeliness of prenatal care rate.
  - ◊ 2004: 84.2%
  - ◊ 2005: 88.6%

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: The same two medical groups had lower scores than other medical groups.

Santa Barbara Regional Health Authority: Adolescent Health (SWC)

➢ ***Relevance:***

- Approximately 8,000 Santa Barbara Regional Health Authority (SBRHA) Medi-Cal members are in the adolescent age range; the rate for annual well visits for adolescents peaked at approximately 31% in HEDIS 2002 and has declined since.

➢ ***Goal:***

- Analyze factors that may be contributing to the declining well-adolescent visit rate and increase the rate to reach the 90th Percentile.

➢ ***Best Interventions:***

- Adolescent well-care reminder mailing conducted.
- Provided resources and information to providers through bulletin articles and mailings.
- Teen newsletter mailed to all teen members.
- Quarterly report mailed to providers with contact information for teens who have not received a well-care exam in the past year.

➢ ***Outcomes:***

- HEDIS Adolescent well care visit rate
  - ◊ 2004: 32.41%
  - ◊ 2005: 31.71%

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: Various interventions targeted at providers and outreach efforts to adolescents appear to have a positive impact and are reflected in the latest increase in the adolescent well-care visit rate.
- Barrier: Teens may seek confidential services at Planned Parenthood or are referred to Planned Parenthood by some pediatrician offices. SBRHA has no access to claims data if teens do not identify themselves as Medi-Cal members.
- Barrier: Providers may be failing to document teen visits correctly to comply with HEDIS criteria, therefore resulting in a lower HEDIS rate. Visits may be billed using incorrect CPT codes.

- Barrier: Inappropriate teen behavior that is influenced by environment and deemed "OK" due to the lack of guidance and positive role models.

Santa Barbara Regional Health Authority: Decreasing Inappropriate Antibiotic Prescribing (IQIP)

➢ ***Relevance:***

- SBRHA conducted a 2002 study of antibiotic prescribing practices which demonstrated that 77-97% of members with a diagnosis of tonsillitis or laryngitis and 51-80% of members with upper respiratory infection or common cold symptoms received antibiotics.
- The consequences of antibiotic overuse and abuse are prevalent in the literature.
- SBRHA is a partner in the California Medical Association Foundation's project Alliance Working for Antibiotic Resistance Education (AWARE) and is committed to increasing the appropriate use of antibiotics in order to decrease the current level of antibiotic resistance.

➢ ***Goal:***

- To decrease inappropriate antibiotic prescribing practices.

➢ ***Best Interventions:***

- SBRHA is participating in the AWARE collaborative and utilizes several educational interventions targeted at members, providers and health agencies.
- Ongoing provider education to focus on rest and medications other than the prescription of antibiotics to patients with viral symptoms.

➢ ***Outcomes:***

- Rate of appropriate testing for children with pharyngitis
  - ◊ 2004: 9.63%
  - ◊ 2005: 14.23%
- Rate for appropriate treatment of children with upper respiratory infection.
  - ◊ 2004: 68.41%
  - ◊ 2005: 74.96%

➢ ***Attributes/Barriers related to Outcomes:***

- Barrier: Members lack knowledge regarding proper antibiotic use.
- Barrier: Providers lack the latest information about clinical issues related to antibiotic use.
- Barrier: Varying levels of knowledge and resources are evident among local health agencies.
- Barrier: Member literacy issues may impact understanding of antibiotic use.

Santa Clara Family Health Plan: Adolescent Well-Care (SWC)

➢ ***Relevance:***

- Adolescents comprise more than 21% of Santa Clara Family Health Plan (SCFHP)'s Medi-Cal Managed Care membership. As of June 2005, SCFHP adolescent membership was 23,577.
- SCFHP's adolescent well care visit rates have been consistently below the national comparison rates.

- ***Goal:***
  - Increase the number of adolescent well care visits.
- ***Best Interventions:***
  - Preventive health guidelines posters, articles in provider and member newsletters, readily available SCFHP age-appropriate well-visit forms, HEDIS informational presentations, and provider services outreach were used to educate members and providers.
  - Identification and recruitment of ten adolescent provider champions to act as peer train-the-trainers for adolescent health and adolescent best practices n and recruitment of ten adolescent provider champions to act as peer train-the-trainers for adolescent health and adolescent best practices.
- ***Outcomes:***
  - HEDIS Adolescent well care visit rate
    - 2004: 33.1%
    - 2005: 35%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Encounter data submission continues to be low despite provider education.
  - Barrier: Providers are not using the American Academy of Pediatrics periodicity schedule for preventive care.
  - Barrier: Adolescents are not seeking preventive health care.
  - Barrier: Providers did not document all needed components of a well care visit.
  - Barrier: Providers were uncomfortable seeing adolescents.
  - Barrier: Difficulty of implementing an adolescent incentive.
  - Barrier: SCFHP has not developed successful strategies to encourage adolescents to attend well-care visits.

Santa Clara Family Health Plan: Childhood Immunization (SGC)

- ***Relevance:***
  - Members 0 to 2 years of age comprise 17% of SCFHP's member population.
  - Recognition of the need for timely immunizations for children.
- ***Goal:***
  - Continued improvement and focused activities to increase the immunization rate to include the recruitment and participation of high volume providers into the immunization registry.
- ***Best Interventions:***
  - Identified providers accounting for high volumes of childhood immunizations.
  - Providers recruited to link to the registry and providers educated about the registry.
  - SCFHP immunization reminder mailings and perinatal program prenatal packet mailings completed to members.
  - Providers educated and trained about childhood immunizations.

- Immunization registry data sharing with SCFHP for HEDIS reporting.

➢ ***Outcomes:***

- HEDIS childhood immunization combination 2 rate.
  - ◊ 2004: 73.1%
  - ◊ 2005: 86.8%
- Immunization registry use among high-volume providers.
  - ◊ 2004: 69%
  - ◊ 2005: 68%
- Percentage of children 0 – 2 seen by providers using immunization registry.
  - ◊ 2004: 77%
  - ◊ 2005: 80%

➢ ***Attributes/Barriers to Outcomes:***

- Attribute: Interventions impact on outcomes appears very positive.
- Barrier: Complete encounter data submission continues to be low at 35.6%, even with the immunization registry data.
- Barrier: Some providers reject participation in the immunization registry.
- Barrier: Providers lack technology to access the immunization registry.
- Barrier: Key data analyst position at the plan remains unfilled.
- Barrier: Participating providers in the immunization registry are incorrectly entering data and/or not inputting data in a timely manner.

Santa Clara Family Health Plan: Management of Appropriate Meds for People with Asthma (IQIP)

➢ ***Relevance:***

- Asthma is the most frequent non-pregnancy related admission diagnosis for all SCFHP members, and asthma medications are among the most frequently prescribed for SCFHP's members.

➢ ***Goals:***

- Increase the use of appropriate medications for SCFHP members with asthma.
- Decrease the use of beta agonist to treat asthma.

➢ ***Best Interventions:***

- Implementation of a telephonic asthma disease management program.
- Provider education to include asthma guidelines which are available to providers on SCFHP's website and mailed to all SCFHP providers.
- Increase member participation by mailing a free 30-minute long distance phone card to members. The card is activated after the member completes the assessment call for the management program.

➢ ***Outcomes:***

- Appropriate medications for people with asthma rate.
  - ◊ 2004 (Remeasurement 4): 58.50%

- ◊ 2005 (Remeasurement 5): 84.91%
- Beta agonist use rate.
  - ◊ 2004: 11.91%
  - ◊ 2005: Not reported

➢ ***Attributes/Barriers to Outcomes:***

- Barrier: Enrolling members in the asthma disease management program is a challenge due to the complexity of the provider network, provider groups, and contractual agreements.
- Barrier: Members who were referred to the asthma program were found to be ineligible for SCFHP.
- Barrier: Data quality related to members is poor, with missing or incorrect contact information.
- Barrier: The asthma program reports are 100% member self-reported, and members may not accurately report their health issues.
- Barrier: Participation in the asthma program is voluntary.
- Barrier: Key position at SCFHP has remained unfilled for over a year.

Santa Clara Family Health Plan: Initial Health Assessment (IQIP)

➢ ***Relevance:***

- Many of SCFHP's members have not received health care from a PCP or had regular access to health care.
- SCFHP believes that the incidence of debilitating conditions can be alleviated with the introduction of clinical preventive care to members via IHAs.

➢ ***Goal:***

- All newly enrolled SCFHP members will receive an IHA with a provider within 120 days of enrollment.

➢ ***Best Interventions:***

- SCFHP drafted "Rewarding Results" report card for providers that includes IHA as a quality measure.
- Implementation of a new member orientation for newly enrolled members in multiple languages.
- Conducted 120-day validation audit.
- Provider outreach initiatives such as SCFHP website section for providers that includes the preventive healthcare guidelines and past issues of newsletters.
- Age-appropriate well visit forms developed.
- Developed a multi-program IHA compliance intervention with providers and members which include new member reminder postcards.

➢ ***Outcomes:***

- Initial health assessment rate
  - ◊ 2004: 45.9%
  - ◊ 2005: 50.8%

- ***Attributes/Barriers to Outcomes:***
  - Barrier: New members are unaware of the need to see a PCP within four months of enrollment.
  - Barrier: Providers and office staff resources time and resources are limited which affects the ability to contact new members.
  - Barrier: Providers are not able to get members in for appointments.
  - Barrier: Encounter data is not consistently submitted by providers.

Western Health Advantage: Adolescent Health (SWC)

- ***Relevance:***
  - Twenty-five percent of the Western Health Advantage (WHA) member population is within the adolescent age range.
- ***Goals:***
  - Increase the number of well-care visits and increase the rate of access to care for adolescents.
  - Improve the quality of well-care visits.
- ***Best Interventions:***
  - Posting of adolescent clinical practice guidelines and preventive health guidelines to the WHA website conducted same information distributed in provider and member newsletters.
  - Use of mailers to members to include pre-teen immunization well-visit mailer, the well-care visit/pap test mailer, and the bright futures well-care educational mailing.
- ***Outcomes:***
  - HEDIS Adolescent well-care visit rate:
    - 2004: 31.14%
    - 2005: 38.20%
- ***Attributes/Barriers to Outcomes:***
  - Barrier: Inconsistent provider knowledge of adolescent preventive health guidelines, including criteria for annual well care visits.
  - Barrier: Inconsistent member knowledge of adolescent recommendations and benefit coverage for having annual well-care visits. Perception that "well-care" is not important.
  - Barrier: Potential gap for "teen friendly" clinic environment.

Western Health Advantage: Childhood Immunization (SGC)

- ***Relevance:***
  - WHA is a member of the California Coalition for Childhood Immunization whose goal is to fully immunize 90% of children in California by two years of age.
- ***Goal:***
  - Increase the rate of immunizations (DTP/DtaP; 3 OPV/IMV; 2 HIB; 3 Hepatitis B and 1 VZV antigens) for combination 1 and combination 2 immunizations, increase the percentage of providers

that obtain access to and use of registry service, and increase the percentage of targeted children 0-2 years of age seen by providers that obtain access to and use of registry service.

- ***Best Interventions:***
  - P4P immunization incentives made available to providers.
  - Birthday card reminders mailed to members addressing the need for physical exam and immunization follow-up.
  - Shots for Tots Collaboration- WHA continues to be an active member of the Executive Council, which participates in special task force groups and updates Shots for Tots with a WHA provider network list as needed.
  - Education session held with providers about the immunization registry.
- ***Outcomes:***
  - HEDIS Childhood immunization rate (Combination 2)
    - 2004: 47.81%
    - 2005: 64.16%
  - Immunization registry use among high-volume providers
    - 2004: 66%
    - 2005: 83%
  - Percentage of children 0 – 2 seen by providers using immunization registry
    - 2004: 47.3%
    - 2005: 63.5%
- ***Attributes /Barriers to Outcomes:***
  - Attribute: Increasing provider participation in the regional registry.
  - Barrier: Providers lack of technical equipment and Internet access which limits registry participation.
  - Barrier: Providers may miss opportunities to vaccinate patients during acute care visits.
  - Barrier: Lack of patient tracking systems and incomplete immunization documentation.
  - Barrier: Lack of interventions that include face-to-face and/or one-to-one contact with members and providers. Current interventions consist of mainly mass mailings, brochures, posters and articles.